

(Re	equestor's Name)			
(Ac	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NO900006434 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kimberly Smith The I Eighty Group 9838 Old Baymendows Rd acksonville, FL 32256
(City/State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person) at 904 610 2594

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to

Articles of Incorporation
16 DEC -9 PH 12: 49
The Itighty Group, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N09000006434
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Notable The new
name must be distinguishable and contain the word "corporation" br "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Not applicable
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent:  Name of New Registered Agent:  Not applicable
New Registered Office Address:  (Florida street address)
Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Stacey Poole	
Add Remove		,	
Remove	-		
2) Change	$D_{-}$	Parren Smith	<del> </del>
Add			
Remove 3) Change	P	Ki Myl Smith	9838 Old Baymondays Pd
Add		1	9838 Old Baymeadows Rd #264
Remove			Jacksonville, FL 32256
4) Change	$\sum$	Mary Green	9838 Old Baymeadows Rd
Add		1	#264
Remove			Jacksonville, FL 32256
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art ttach additional skeets, if necessary).	(Be specific)
	<del> </del>
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- All	•

	e date of each amendment(s) ado	ption:	, if other than the		
date	this document was signed.				
Effe	ective date <u>if applicable</u> :		. <u> </u>		
		(no more than 90 days after amendment file date)			
	e: If the date inserted in this bloc ument's effective date on the Department	k does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the		
Add	option of Amendment(s)	(CHECK ONE)			
X	The amendment(s) was/were add was/were sufficient for approval	pted by the members and the number of votes cast for the amendmen	nt(s)		
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	Dated	12-1-16			
	Signature	cherly B. Smit			
	have not beer	nan or vice charman of the board, president or other officer-if directors selected, by an incorporator — if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)			
	$-\mathcal{K}$	(Typedor printed name of person signing)	_		
		(Typed/or printed name of person signing)			
		Director			
		(Title of person signing)			